

want to go through right now is that we put in place a mechanism to deal with the problem, at least for the next year, and then the 407 will continue, further discussion, negotiation, examination of the issue will continue. And when we come back together in the 1991 session, if there is further changes, we can make those changes. If we're satisfied with the system we put in place, we can get rid of the sunset. But, one way or the other, we don't have these individuals under the threat of action by the Department of Health in these various facilities that have been doing this sort of thing for some time and now are threatened by various actions, lifting their license and otherwise interrupting their service. So, with that quick scenario and background, this is what the amendment does. First off, we set up...or cite an individual as a special care provider. So this is a new designation, we don't have anything like this currently in statute. So the special care provider would be allowed to perform what is termed routine health care maintenance procedures for individuals with developmental disabilities. These procedures would be provided in the following situations, centers for developmental disa...the developmentally disabled, those are called CDD's, those are community based MR programs, mental retardation programs; early childhood programs, that would be child care situations where an individual has a particular need and is cared for in that setting; foster care is another area in which this would be covered; the Medicaid waiver facility, listed in the amendment, that's essentially MR programs that are now provided for under the waiver; and special education situations where individuals may be in need of this assistance. Okay, and these certain facilities, this special care provider, again, doing routine health care maintenance, could provide this service under the supervision of an attending physician. By that we don't mean necessarily a physician on the premises, but would be on-call or supervising the situation. So the physician would oversee this activity and also they could not violate the scope of practice of nursing as defined under a certain section. So the physician is watching out for the special care provider and the scope of practice in nursing should not be violated. The special care provider would have to demonstrate to that physician, that would be providing the supervision, the necessary competence to perform this routine health care maintenance procedure, so that really the check and balance that we have is attending physicians would make sure that these individuals are competent, and, secondly, make sure on an on-going basis that they're doing the work that they are supposed to be doing in a safe and